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APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMEN  Sandra B. Mort  Secretary of S  DIVISION OF CORPOR		NT OF STATE tham state	i	APPÄÖVED AND FILEO			
DOCUMENT # sg1253				98 DEC 30 AM II: 14				
1. Corporation Name				SECRETARY OF STATE TAILAHASSEE, FLORIDA				
A.J.R.M., INC.				ļ	IALLAMADEE	, ruoniu/	4	
Principal Place of Business  1307 W. PALMETTO PARK ROAD  SAME AS ABOVE  BOCA RATON, FL 33486								
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable				REINSTATEMENT BOB  4. Date Incorporated or Qualified				
Suite, Apt. #, etc. Suite, Apt. #, etc.			<del></del>	To Do Business in Florida 9/19/91				
City & State City & State				5. FEI Number 65-0283835			Applied For Not Applicable	
Zip Country	Zip	Country	<del>,</del>	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Addition for a Certifi	nal Fee required cate of Status	
7. Names and Street Addresses of Each Officer and	or Director (Ele	rida n'onprofit corpora	tions must list at lea	ist 3 directors)				
Title(s) and/or Directors Office			eet Address of Each icer and/or Director Post Office Box No		City /	State / Zip		
D P ANDREW J. MCMEEKIN, JR. 178 CITRUS			AVENUE	-	BOYNTON BEA	CH, FL	33436	
				10	<u>nnno273</u> -01/07/99- ******8.7	01095-	02 017 ***8.75	
Name and Address of Current Registered Agent				-01/07/9901095018 ***1500.00 ***1500.00				
ANDREW J. MCMEEKIN, JR. BARRY				G. SEGAL				
270 022300 2112102				Street Address (P.O. Box Number is Not Acceptable)				
BOYNTON BEACH, FL 33436				7000 W. PALMETTO PARK ROAD Apt #, Etc. SUITE 402				
City				RATON	St.	ate Zip Code		
10. ( being appointed the registered agent of the above named corporation, amfamiliar with and accept the obligations of Section 607.0505, F.S.								
Signature of Registered Agent Date 12/23/g								
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No								
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.								
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Daving Phone #								

7 May 19 S